

began to enter the outlet, the pulse was 128. Within five minutes, the ergot began to act; yet, in two hours and a half subsequently, during which time the woman was exerting herself more violently than before, the pulse had fallen to 100; eleven hours later it was 88, and this before the labour was finished, and while uterine contraction was yet going on. Was this due at all to the ergot? "Five cases of great depression of the pulse" are noticed by Pereira; but he does not say whether the depression was in the rate or the force.

ART. VI.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WM. W. MORLAND, M. D., Secretary.

Oct. 22.—*Cephalæmatoma*.—Dr. HOMANS reported a case of this disease, that was remarkable for the situation of the tumour, and for the age of the subject. On the 5th inst., a soft tumour was discovered over the left frontal bone, about two inches in diameter, and surrounded by the characteristic hard ring. On the 9th, the swelling had increased and become tense, the surface was bright and shining, and fluctuation was very distinct; the edges being still perceptible. On the 11th, it began to subside, and since then it has been gradually diminishing in size, so that now it has nearly disappeared. From the first there has been no discoloration of the tumour, no tenderness on pressure, and no disturbance of the health; neither was the disease traceable to any cause, nor was any treatment used excepting a saturnine lotion. In connection with this case, Dr. H. gave a summary of what is known upon the subject, and quoted particularly from an article by Dr. Walshe in the *Cyclopedia of Surgery*. The tumour in the present case was situated over the frontal bone; whereas in sixty reported cases it was found fifty-six times over the parietal bones, three times over the occipital, and once only over the frontal. The age of the subject in Dr. H.'s case is one year, whereas it usually occurs at the time of birth, and within the first two or three days; the oldest subject, of fifty-three mentioned by Burchard, being eleven days. In regard to the sex, thirty-four of Burchard's cases were boys, and nine were girls; the subject of the present case is a male child.

Nov. 10.—*Ovum blighted, and retained for more than three months*.—Dr. JACKSON exhibited a specimen in which the foetus was about as much developed as at the sixth week of pregnancy; the placenta being about three and a half inches in diameter, consisting of a thick, fleshy, opaque mass, and looking as if infiltrated with fibrine and effused blood; there was also the partially hydatiform degeneration so frequently observed in abortions at the early months. This case is interesting, as the period when the change took place seems to

have been well marked. The mother had borne several children; menstruation was regular; and on the 15th of June this function occurred for the last time; but its cessation was followed by sickness in the morning, with swelling and soreness of the breasts, as usual in the former pregnancies. About the first of August, she lost a child very suddenly, and from that time the sickness ceased and the breasts became flaccid. Some hemorrhage occurred once or twice, and labour-pains, of which there had been none previously, having come on last night, the ovum was expelled this morning. Dr. J. remarked upon the frequency with which an ovum that has been blighted is retained for a considerable period of time, and inquired how far the fact had been noticed by obstetrical writers. Dr. Channing replied that it was mentioned by Denman, and that he had in his collection a specimen exactly resembling a plate given by that author.

Nov. 10.—Croup treated by the application of Nitrate of Silver to the Larynx.—Dr. CLARK related the case of a girl of fourteen, who, after exposure to wet, had hoarseness, aphonia, and croupy breathing, with patches of lymph on the tonsils.

A strong solution of nitrate of silver was applied by means of a sponge, which entered the larynx perfectly. Considerable bloody lymph came away, and the girl has quite recovered.

Five cases, treated in the same manner by Dr. Clark, are reported in detail in the number of this Journal for Jan. 1849, p. 26.

Three of these five cases recovered—two terminated fatally.

Nov. 10.—Hemorrhage in connection with Jaundice. By Dr. GORDON.—Mr. W., forty-eight years of age, of good constitution, usually had good health, with the exception of occasional slight attacks of asthma—has lived for the greater portion of the past five years in tropical climates.

Two months since, while travelling, had usual symptoms of jaundice. No medical advice for six weeks; then had blue pill—warm bathing—diet. While pursuing this treatment, with some relief of his symptoms of jaundice, large spots of purpura appeared on various parts of the body, particularly on the limbs, with discharges from the bowels of a thin bloody fluid, passed with and without feces. The urine presented the same bloody appearance, within a few hours; hæmatemesis, very copious, soon followed, accompanied with great prostration of strength.

At about the same period of the discharge of blood from the bowels, a severe neuralgic pain occurred in the left thigh, and a large fluctuating tumour was discovered in the left lumbar region, pressure upon which increased the pain down the thigh. The patient died suddenly, prostrated by an excessive hæmatemesis.

Nov. 26.—Adipose Tumours of the Spermatic Cord.—Dr. J. M. WARREN exhibited three or four tumours removed from the scrotum, forming a mass

of the size of a large cocoa-nut, and weighing two and a half pounds. The case was particularly interesting from its great rarity. The details of it were as follows :—

The patient was a married man, fifty-six years old. Twenty years ago, an inguinal hernia was produced on the right side by a strain from leaning over a partition in his barn. It was the size of a chestnut, and easily reducible. He has always been liable to the recurrence of the hernia since, and has worn a truss.

Twelve years since, he perceived a small swelling or tumour at the lower part of the scrotum. It was of a globular form, hard, movable, not tender. The testicle, he thought, could be felt below. This tumour increased until it had attained the size of an orange, and then ceased to enlarge.

Nine years after the appearance of the first tumour, a second one was detected above, and, latterly, three others have been discovered. The patient had been examined by a number of surgeons, and the tumour variously pronounced to be a hydrocele, disease of the testicle, omental hernia, etc.

On examination, it presented the following appearances: The scrotum was of the size of a child's head at birth; the increase being evidently on the right side. It contained, apparently, several tumours, more or less connected. One at the lower part, of the size of the testicle, and in which pressure caused the peculiar pain produced by injury to that organ: above this, a tumour of the size of an orange, quite hard and insensible; still higher, two large and two small tumours, the latter being in the vicinity of the inguinal ring. An indistinct feeling of fluctuation pervaded the mass. The whole of the tumour was forced up against the orifice of the inguinal canal, and completely covered it.

On dragging it down, and embracing the integuments between the thumb and forefinger, the spermatic cord could be distinctly perceived passing out from the ring; but, on the most careful examination, no prolongation of the tumour into the abdomen could be discovered. On causing the patient to cough, a portion of intestine was felt to force itself down into the scrotum, and immediately recede. The question of diagnosis seemed to regard three affections: 1. An omental hernia. 2. A disease of the testicle. 3. Some tumour of rare occurrence.

The objection to the former was, that there seemed to be no connection between the tumour and the abdomen; and although it is known that, in some cases, from the effects of pressure, the connection in old omental hernia with the abdominal cavity is cut off, this is not of very frequent occurrence. To the supposition of its being a diseased testicle, the small tumour at the lower part of the scrotum, of the apparent size and sensibility of that organ, could be objected. Dr. W. was in favour of the third view of the case.

The patient was advised to have an exploratory incision made, and, if it was found that the operation could not be terminated without great risk to life, that the wound should be closed without proceeding further. This was consented to.

Being etherized, an incision was made through the integuments of the scrotum, which exposed the middle lobe of the tumour, and this was cut into, but did not serve to elucidate the diagnosis. The lower lobe was then removed, and the testicle discovered below, apparently healthy, though smaller than natural. In the dissection of the remaining tumours, nearer the inguinal ring, the hernial sac was unavoidably cut into, being intimately connected with them. No intestine appeared, careful compression being made on the inguinal canal during this latter part of the operation.

The patient entirely recovered, after a smart attack of constitutional irritation; the inguinal ring being plugged up by the remains of the inflamed and thickened sac.

The tumours, on a careful examination, were found to have a fatty structure, and embraced the spermatic cord, the vas deferens being traced in its whole length passing through the centre of the mass. One or two instances of tumours similar to the above are given by authorities, but none, apparently, where they were of so large a size.

Nov. 26.—Dislocation of the Head of the Radius forwards.—A case of dislocation of the head of the radius forwards, July 25th, reduced under the influence of chloroform, which added much to the facility of the operation as well as to that of the diagnosis, was reported by Dr. JOSEPH SARGENT, of Worcester, of whose communication the following is mainly an abstract.

Mrs. S., a feeble woman, of spare habit, was thrown from a wagon in the evening, while holding in her arms a child. Dr. S. saw her, seven hours after, in consultation. Patient did not know how she had struck, but there was some contusion about the right wrist, and the child was in a state of concussion. Patient's right forearm was slightly flexed on the arm, and would not admit of complete extension. Neither could it be any further flexed, for the attempt caused a prominence midway of the flexor face of the articulation to impinge upon the humerus, and gave considerable pain. The forearm was not only partially flexed, but also lay in a state of almost complete pronation, with but slight power of supination. Passive supination was imperfect, but when moderate, not very painful. When forced, it elicited a sort of crepitus, not crispy, like that of fracture, but giving the sensation of large obstructions. There was unusual lateral motion of the forearm on the arm, without crepitus. Motion of thumb free. In motions of pronation and supination, the tendon of the biceps was felt to move, and there was no evidence of fracture of the condyles. Swelling of the soft parts about the joint very inconsiderable. The continuity of the bony structures being established, the nature of the accident was manifest. The patient being put under the influence of chloroform, the muscles became relaxed and the forearm was easily extended and inclined towards a state of supination, counter-extension being exercised by the humerus, when the thumb of the operator readily forced the head of the radius into its place. The forearm was then at once forcibly flexed, and im-

mediately all the motions of the joint were found to be free and without crepitation. The forearm was then extended and secured in that position by a splint, while compresses were bound over the head of the radius.

Sept. 3d. Dr. S. found the motions of the joint still somewhat impaired; but on the 1st of November the attending physician reported to him that they were quite free.

Reference was made by Dr. S. to the cases reported by Sir Astley Cooper, and to the frequency of the accident, according to Fergusson, while, on the other hand, Boyer and Sanson do not admit that it has ever been observed.

Drs. Coale, G. H. Gay, Parkman, Putnam, and J. M. Warren, each mentioned having seen a case of this form of dislocation.

Nov. 26.—Acute Pericarditis—Hemorrhagic form. Dr. JOHN WARE.—The patient was a female, nine years of age, of delicate health, subject to frequent attacks of slight disorder, but having seldom been the subject of medical treatment. She was ill for three weeks. At first, the symptoms seemed to indicate some abdominal affection. There was vomiting, but no diarrhoea; pain in bowels, with distension; and a feeling of firmness, resistance, or density in the abdomen; there were also pain and stiffness of the joints, like rheumatism; the pulse 120 to 136. Typhoid fever and peritonitis were suspected; but, at the end of about a week, these symptoms subsided, and she appeared convalescent.

After a few days, however, there came on a short loose cough, with some catching respiration—a disposition to sit up in bed—an increased frequency of pulse, which afterward varied from 120 to 150 to the time of her death—bronchial respiration and the other physical signs of pneumonitis in the left back, and, in a few days more, a coarse crepitus in the right back. These apparently accounted for her condition, and pericarditis was not suspected.

About forty-eight hours before death, symptoms came on resembling chorea very precisely, with respect to the motions of the limbs, the contortions of the countenance, and the character of the speech. There was also great increase of the dyspnoea and general suffering, amounting to agony. This led to the suspicion of pericarditis, which is known to be connected with such symptoms, and on examination the usual signs of this disease were found. The heart, which was exhibited, was a very perfect specimen of hemorrhagic pericarditis, the serous surfaces being agglutinated by a layer of lymph mingled with blood.

Dec. 10.—Vegetable and Animal Parasites on the Teeth.—Dr. BOWDITCH remarked that he lately made some microscopic observations on forty-nine individuals, taken from all classes in the community. None of them had any serious malady affecting the mouth. In all, save two, he had found either vegetable or animal parasites between the teeth, or at the junction of the gums with the teeth. These parasites had been noticed by others, but generally they

had been considered as evidences of a diseased state. Dr. Bowditch regarded them as the result of uncleanness.* Still further, in order to be sure of avoiding them, Dr. B. stated that it was necessary to brush the mouth, *thoroughly*, after every meal, and even this is insufficient, in some cases, where decayed or false teeth exist. The two individuals who did not have either vegetable growths (algæ), or infusoria (either monads, vibriones, spirillum, &c.), were both young; both cleaned, four times daily, and frequently *threaded*, the teeth. One had been accustomed to use soapsuds every morning in rinsing the mouth.

Dr. B. had made experiments with several tooth-washes, and he had found that soap, soda, ammonia, and the "chlorine tooth-wash," destroyed very speedily all the infusoria; but that infusions of cinchona and of myrrh did not have the same effect.

Among Dr. B.'s hospital patients, who chewed or smoked tobacco, the infusoria were by no means annihilated, but existed in rather greater numbers than in other classes of persons, who abstained from the use of "the weed." Dr. B. had likewise applied a strong infusion of tobacco to the infusoria, while under the microscope, and he had found that they remained quite as lively as before their immersion.

Œdema of the Glottis.—Dr. BOWDITCH had recently seen a case of death from this affection. The patient was a young German girl, in the wards of the Massachusetts General Hospital. She had come under treatment Nov. 26th, 1849. Previous to her arrival in this country, her health had been good; but she had suffered much from menorrhagia ever since her voyage. In the winter of 1847–8, she had "scarlet fever," from the effects of which she had never wholly recovered, having had dizziness, headache, pain in the back, &c. Palpitations had supervened a short time before her entrance into the hospital, combined with what seemed to have been paroxysms of hysteria, spasms, and temporary loss of consciousness. There had been some œdema of the ankles. When first seen by Dr. B., she was lachrymose, but did not seem very ill. She had a very fetid breath, and the skin was decidedly disordered. There was an eruption of a papular appearance on the hands, which were cold. On her face was a small patch, looking as if the part had been touched with a hot iron; the countenance was mottled, and of a somewhat livid hue elsewhere; some herpes at angles of mouth. Under pills of assafetida, camphor, and morphia, she improved greatly.

Nov. 27th. She seemed to have taken cold; her nostrils were stuffed, &c. Her pulse was 84, and there was no marked febrile exacerbation. As she complained of nausea, and the fetid breath continued, an emetic was ordered, which operated well; 28th, she was decidedly better. Her sole complaint on 29th was hunger. A little broth was allowed.

* Since making this remark, I have had an opportunity of seeing a work published in Paris, 1847, by Dr. Robin, entitled "*Des Vegetaux qui croissent sur l'homme et sur les Animaux Vivants*," in which a view similar to that which I present is taken.—H. I. B.

On 30th, reported a chill during night, and a soreness of the throat supervened; her hands and wrists were cool. She was sitting up in bed, without any great dyspnoea; but there was a little *reediness* of the voice. Dr. B. did not consider her very ill, and, on examination of the tonsils, the right one was found a little swollen, without any *marked* congestion. Four leeches were applied to the left side of the neck, of which she complained the most, and liniment of ammonia and a gargle of salt and vinegar were ordered.

Patient was much relieved by leeches; able to lie down and sleep; but at 1 P. M. she had what the nurse described as a "fit," and was found by the house physician breathing hoarsely and complaining of oppression at the lower part of the chest. From this attack she soon appeared somewhat relieved, but at 3½ P. M. she suddenly expired with symptoms of suffocation.

At the *autopsy*, the tonsils were found pale and small. The uvula was elongated by oedema, so that the extremity had the pearly appearance of a drop of water. The left side of the thyroid gland was deeply congested, and the trachea corresponding to it was a little reddened. The epiglottis and arytenoid cartilages were, at least, four times as thick as usual, from oedema. They were not reddened. The epithelium, on the left edge of the epiglottis, was somewhat abraded. The arytenoid cartilages were pressed closely together, even to their apices, having an irregular line, rather than the usual triangular space between them. There was no false membrane or pus about any of the organs. This swollen state of the epiglottis and arytenoid cartilages prevented the rima glottidis from being easily seen from above; but, on opening the larynx, the vocal cords were found pale and smooth, and not swollen. The lungs were somewhat congested at their bases and at the posterior parts. The blood in the heart was quite fluid. There was some injection of the stomach, and numerous very minute superficial ulcerations were found in it and in the large intestine. In other respects, the organs of the three great cavities were perfectly normal.

Dec. 10.—Delirium Tremens—Effects of Profuse Hemorrhage—Propriety of Bleeding as a Remedy.—Dr. COALE had lately seen a case where a patient, labouring under delirium tremens, cut his throat, about ten o'clock P. M. He was not seen until the next morning; there had been great loss of blood, but the patient's reason was wholly restored. This case, in connection with a similar complete arrest of the delirium in a person who performed self-castration (recorded in Jan. (1848) No. of the *Amer. Journal of the Med. Sciences*), induced Dr. C. to question whether venesection would not be useful in this disease.

Neuralgia from Retention of a Deciduous Tooth.—Dr. COALE reported the following case: A young lady, aged twenty, suffered for three years with neuralgia. The pain commenced at the top of the head, and radiated thence down the sides and back of it. The attacks would last sometimes a whole

day, and even longer, and recurred at intervals of little more than a week. Dr. C. suspected the teeth, and examined them. They had been well taken care of by a dentist, and though several had been filled, they were above suspicion. On the left upper jaw, just above the second molar, there was a fistulous opening the size of a pin's head. It had existed ever since the extraction of a tooth ten years before. There was no soreness in the neighbourhood, and, further than the annoyance of the discharge from it, it gave no uneasiness; it was therefore deemed inadvisable to meddle with it. Six months after this, a swelling commenced just above this opening, and upon its being lanced a dark yellowish crown of a tooth fell out, evidently the posterior temporary molar. More than a year has now elapsed, and the person continues perfectly free from the neuralgia.

Dec. 10.—Apoplexy—Cases—Question as to the Propriety of Bleeding.—

Dr. J. M. WARREN mentioned three cases that had been observed by him the week before. He exhibited a brain showing a large cavity in the left hemisphere, capable of containing a half pint of fluid, with another small effusion just above the pons Varolii. The specimen was taken from a small, active man, seventy-one years of age, of spare habit, and always living abstemiously, who was attacked with apoplectic symptoms and paralysis of the right side, after a walk before breakfast. The pulse was small; the senses were recovered in a very slight degree; but the patient gradually sank, and died in about twenty hours after the attack.

In a second case, of a gentleman, gouty, and of a very full and plethoric habit, attacked with violent convulsions of the right side of the body, Dr. W. employed a large venesection with relief. Apoplectic symptoms supervened in the course of the day. After a blister to the nape of the neck, and active purgation, recovery began, and the patient has continued to improve.

In a third case, the paralysis was relieved by purgation, and then returned; bleeding seemed indicated, and was employed with benefit. Dr. W. asked whether bleeding in apoplexy is considered as much the rule in practice as formerly?

Dr. Homans thought that the majority of cases were better without it. This view was concurred in by Drs. Jackson, Coale, and Lee (Dr. C. A. Lee, of New York, present by invitation), who mentioned cases confirmatory of the opinion.

Dr. Lee thought Dr. Watson's rule for bleeding, drawn from the indications furnished by the condition of the pulse, a very good one. When the pulse is small, bleeding is contra-indicated.

*Dec. 24.—Excision of a Portion of Lower Jaw for Malignant Disease—Recurrence of the disease, internally and externally—Death.—*Dr. PARKMAN exhibited a portion of the lower jaw, supporting two bicuspid and two molar teeth. The appearance of the specimen was peculiar, showing a radiated

periosteal deposit between that membrane and the bone, which was seen well defined in the centre of the sawn piece. The length of deposited spiculæ was about one-eighth, or more, of an inch, giving a fusiform shape to the whole tumour. The patient was a boy of fourteen, of a feeble constitution, whose parents are living, and without any known cancerous predisposition. In June last, a molar tooth was observed to be loose, and was extracted. Soon after, the bone was found to be enlarged, and a disagreeable discharge took place from the socket. Six weeks after the first symptoms, the enlarged portion was removed by Dr. Parkman. The wound healed, and with but little deformity. The patient was apparently slowly regaining strength, when, about the first of October, a tumour appeared in the upper and outer part of each orbit, one of which, however, diminished considerably, after having increased. Afterwards, other tumours appeared over the trunk and scalp, and somewhat on the limbs—not very numerous nor large. One or two of them were of a dusky red, but the others not at all discoloured, nor tender, but adherent to the skin. The skin was somewhat yellow; there was great pain in the back and abdomen, but no vomiting; and he gradually sank, much emaciated, in December.

After death, there was found a large carcinomatous mass, connected with the large curvature of the stomach and first few inches of duodenum, having the pancreas completely buried in it, and closely connected with the spleen. The whole mass, as exhibited, was about three times the size of the fist. The structure of the mass was dense, whitish, not uniform, apparently partly glandular, and partly diseased cellular tissue, some portions pearly, with some traces of minute ecchymosis, distinctly encephaloid, and when microscopically examined by Dr. P., the usual appearances had been found. Nowhere any colloid tissue; there was also a large amount of the same disease about the root of the trachea, extending up the neck, apparently in the glands.

No morbid deposit in any organs except the heart, upon the surface of which were several small deposits in white, circular, slightly elevated spots, about four lines in diameter. The spleen was greatly enlarged, its vein being entirely obliterated in its passage through the tumour.

The gall-bladder was also immensely distended, its duct being compressed in its passage through the large tumour.

The subcutaneous tumours were similar to the rest of the disease in structure.

The specimen of the jaw preserved in the society's cabinet is curious, as presenting what would be considered merely a periosteal osseous deposit; its malignancy being proved by the subsequent result of the case.

Dec. 24.—Unusual Form of Laryngitis.—Dr. JACKSON showed the specimen, in which the entire lip of the glottis upon the left side was very much swollen, fleshy to the feel, and of a bright red colour, except upon the summit, where there was a defined, brownish, soft slough, three or four lines in diameter, and extending to some depth. The subjacent tissues were either of a

deep red colour, or yellow from the infiltration of something like very thick pus. The disease at this part was so defined that the lip of the glottis upon the other side was perfectly healthy. The cellular tissue was also of a deep yellow colour, as if infiltrated with thick pus, about the muscles of the neck, beneath the upper two-thirds of the sternum, and for three or four inches downwards between the œsophagus and the spine. In each pleural cavity there was an effusion of pus and lymph with some serum, and the lower lobe of one of the lungs was compressed by the fluid and in a state of intense congestion. Surface of body somewhat icteritious, as is often the case when there is inflammation about the base of the right lung; and in connection with the icterus there were some appearances of ecchymosis internally. The patient was a man of robust health, fifty-two years of age, and was attacked on the 8th inst., without premonitory symptoms, and without any known cause. Severe constitutional symptoms, with sore throat, from the commencement; the respiration, however, not being stridulous, and the voice not entirely extinct. Over the lower and front part of the neck there was a marked tumefaction, and the formation of an abscess was anticipated; but the swelling afterwards diminished, and, as the patient said, "the disease seemed to have gone lower down." Pleurisy never suspected. Before death, which occurred on the 14th, there was a suppression of urine, but nothing was found in the kidneys.

January 14.—True Aneurism of the Heart.—Specimen exhibited by Dr. JACKSON. The patient was a large and very fleshy man, fifty-two years of age. On the 29th ult., twelve days before his death, he was attacked in the street with a pretty severe pain across the lower front part of the chest; this soon passed off, but recurred two or three times, and again the next morning, when he sent for his physician; the pain extending down both upper extremities to the hands, and continuing more or less for the first five days. Patient was never confined to his bed, but kept the house till three days before his death, when he came into the city from an adjoining town, and went to his counting-house; felt himself worse after this, but was out on the two following days. On the next morning (10th inst.), whilst dressing, his wife left him for a few moments, and, on her return, found him lying upon the floor, and just dying. From the first of his attack he had complained of languor and chilliness, with want of appetite, but there had been no fever, and no marked dyspnoea; pulse feeble, but not otherwise remarkable. The previous health of this patient was good, though he often expressed a conviction that he should have disease of the heart, inasmuch as his mother and three of his brothers and sisters had died instantaneously; several others of the family, which had been quite large, having also died after only a few days' illness. No examination was made in the above cases; but, if the cause of death had been found in the heart, the coincidence, Dr. J. remarked, would have been in accordance with what had been observed here in other cases.

On dissection, there was found a very marked dilatation of the left ventricle towards the apex and right side, with a slight enlargement externally, but nothing that could be called a tumour. Internally, the sac, as it may be called, was of a circular form, measured about three inches in diameter, and contained coagula that had evidently formed before death, though not adherent to the lining membrane, which last appeared quite healthy. The muscular substance, so far as the disease extended, had uniformly a dull, yellowish-white appearance, as if infiltrated with lymph. According to the report of a microscopist, however, no fibrin was discovered, but the change of colour was due to the presence of fat; and, on testing a portion of this substance by heat, it was found to grease the paper, though very slightly as compared with the liver, which was exceedingly fatty; the limits of this change of structure were very marked. Near the apex there was thought to be a trace of pus; and in accordance with the appearance, to the naked eye, of lymph in the substance of the organ, there were found recent though very slight adhesions between the two pericardial surfaces as far as the disease extended. The organ was otherwise healthy, except for perforation of the pulmonary valves, which seems to be a rather common occurrence. The lungs also were quite healthy, a fact which, in connection with a fatty liver, is not unfrequently observed here. Dr. J. remarked that this was the fourth case of aneurism of the heart that he had seen, and that in every one the disease was situated, as usual, in the left ventricle.

Jan. 14.—Psoriasis—Treatment by Arsenic in a new method. Dr. CHAS. GORDON.—Dr. Gordon said that it was well known that, under the usual mode of administering Fowler's solution, this disease is very apt to return. Agreeably to the advice of Dr. Hunt, an English physician, Dr. G. had employed the remedy in the dose of five drops, thrice daily, soon *after* meals, and by this means had been able to continue the medicine for several months without any of its poisonous effects. The dose was not increased. Dr. G. has treated eleven cases by this method. Of these, seven have continued well for two years, having been under treatment for about one year. The other four have had recurrences, which were easily arrested by a renewal of the treatment.

Dr. G. had also used this method in cases of chronic eczema with good effects; but this disease is more liable to return, especially if hereditary, than psoriasis.

Dr. G. is also at present using this treatment in a case of lupus non exedens, and, as he thinks, with benefit.

Jan. 14.—Tic Douloureux—Relief by an operation for the removal of a portion of the Inferior Maxillary Nerve, by trepanning the Lower Jaw Bone. Dr. J. M. WARREN.—The patient was a lady fifty-nine years old. Eighteen months since, Dr. J. C. Warren removed a portion of the inferior maxillary nerve by trepanning the body of the jaw, and afforded her relief from an

excruciating tic douloureux of three years' standing. She had no recurrence of the pain for a year. Six months since, the sufferings returned, and continued so severe that she finally became confined to the bed, and was unable to eat or speak without causing a paroxysm of pain. The pain commenced in the lower jaw, and always at the same spot, and then extended over the whole side of the face.

Dr. J. M. Warren, on being applied to by her son, a medical man, who stated that it was indispensable that something should be attempted for her relief, suggested trepanning the ramus of the jaw and removing a portion of the nerve where it enters the foramen. This was readily agreed to. The operation was followed by entire relief, and the patient is now well.

Dr. W. exhibited a bone (the sub-maxillary) with a hole made by the trephine at the point of the entrance of the nerve, and described the operation. An incision was made from the sigmoid notch down to the edge of the jaw. The parotid gland was raised and turned to the outside. The lower portion of the masseter muscle was now dissected up, and a portion of bone removed by means of the trephine and chisel. The nerve being now fully exposed, half an inch was excised. The inferior maxillary artery was cut and tied.

There was a slight discharge of saliva from the wound, owing to the interference with the parotid, which lasted five or six days.

Jan. 28.—Malformed Heart.—Dr. JACKSON exhibited a specimen showing a direct opening between the two auricles, of a circular form, more than half an inch in diameter, and situated just above the mitral and tricuspid valves, which were somewhat imperfectly developed. Three or four direct openings also were seen through the fossa ovalis. Heart rather large, but otherwise normal; as were the other organs, except for the large intestine, which hung freely in the cavity of the abdomen as in early foetal life. The subject of this case was a male child, five months old, and died of pneumonia after a few days' illness; it was stunted in its growth, and had been subject from birth to paroxysms of dyspnoea, in which it was often livid; pulse rapid, small, and irregular, the case having been always regarded by Dr. M. S. Perry, the attending physician, as one of malformation.

Dr. J. remarked that, however often inter-ventricular opening had been met with here, he had never before seen a communication between the auricles that was independent of the foramen ovale.

Dr. J. also related a second case of malformation of the heart, the specimen having been shown to him by Dr. F. S. Ainsworth. The two auricles were of the usual size, but communicated largely through an open foramen ovale. Left ventricle about as large as the right and left together should be. Right ventricle so small that it would not have contained half a drachm of fluid; opening into it from the left ventricle perhaps two lines in diameter, but none

whatever from the right auricle. The pulmonary artery arose from the right ventricle, such as it was, and was of full size; one of the valves, however, being very imperfectly developed. The child was eight months old, and well nourished. Subject from birth to paroxysms of dyspnoea, occurring once or twice every twenty-four hours, and lasting for an hour or two, with lividity of the lips and fingers, though at other times the colour was sufficiently natural.

Jan. 28.—Fistulous opening after removal of a Tumour from the space between the superior edge of the Orbit and the Upper Eyelid. DR. BETHUNE.—The tumour was removed from the situation above mentioned, four years since; it was then of six weeks' standing; the incision suppurated and continued to discharge. About a year and a half since it closed, and wholly ceased suppurating; there then occurred pain—at the end of a month the suppuration returned, and has since continued—a fistulous opening remained, only large enough to admit one of Anel's probes; the bone of the orbit was found to be diseased, over a very small space. Dr. B. discovered this on the 6th of January, and then laid it open by an incision, and a tent was inserted; on the 12th of January it was entirely covered—no diseased bone could be perceived. Dr. B. had never seen a case before, of this nature. He mentioned a case, where Mr. Lawrence, of London, on opening a fistula of this description, ascertained that a portion of the sac of the removed tumour, which had been allowed to remain, was the cause of the non-union of the incision; but in that instance the tumour was congenital and adherent to the bone, as they always are in this region, so far as Dr. B. had observed. In this case, Dr. Bethune considered the diseased bone as the sole cause.

Jan. 28.—Vicarious Menstruation in the course of Nursing.—DR. CHAS. E. WARE related the case of a female, forty years of age, who, about ten years since, had severe pneumonia. Soon after, she was married, and has since had five children. During each period of nursing, her menstrual function was regular, appearing first about a month from the date of her confinement. She has always had some trouble at the apex of right lung since the attack of pneumonia. She was confined, the last time, in April, 1849. Just a month from her confinement she had hemorrhage from the lungs; the quantity of blood was about a tablespoonful; the sputa were also constantly tinged with blood; she had night sweats and cough. These attacks of hemorrhage, &c., replaced the ordinary menstruation, after the precursory phenomena usually noticed at the monthly periods. She has had these attacks every month since. The last access seemed to weaken her more than those that occurred previously.

There is some dulness on percussion, and a rude expiration at the apex of right lung, but the disease does not seem to make any progress. Just before her last confinement, her husband was killed suddenly by an accident. Notwithstanding the great shock thus occasioned, she went her full time.